



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

AUDITS SECTION – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 23, 2008

Leslie Tremaine, Ed.D., Director
Santa Cruz County Mental Health and
Substance Abuse Services
1400 Emeline Avenue, Bldg. K
Santa Cruz, CA 95060

Dear Dr. Tremaine:

AUDIT REPORT – SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.

We have examined the Cost Report and Data Collection (CR/DC) report of Santa Cruz Community Counseling Center, Inc. for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

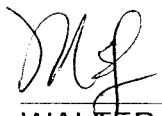
Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 2,085,397
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>1,834,718</u>
Overstatement of Net Program Cost (FFP)	<u>\$ (250,679)</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Leslie Tremaine, Ed.D., Director
January 23, 2008
Page 2

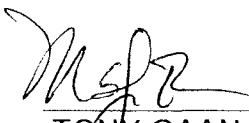
Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,


WALTER J. HILL, JR., MBA, EA
Chief of Audits

Date: 1/24/08

Enclosures


TONY GAAN, Supervisor
Audits – Bay & Central Region

Date: 1/24/08

SANTA CRUZ COMMUNITY COUNSELING CTR, INC
SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: SANTA CRUZ COMMUNITY COUNSELING CTR, INC
LEGAL ENTITY NUMBER: 00440

<u>NET REIMBURSABLE MEDI-CAL PROGRAM COST</u>	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
MEDI-CAL - FFP	\$ 2,033,202	\$ (247,375)	\$ 1,785,827
HEALTHY FAMILIES - FFP	52,195	(3,304)	48,891
TOTAL FFP - COUNTY PROVIDERS	<u>\$ 2,085,397</u>	<u>\$ (250,679)</u>	<u>\$ 1,834,718</u>

SANTA CRUZ COMMUNITY COUNSELING CTR, INC
SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	3,834,284	(481,472)	3,352,812
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	488	(28)	460
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	80,044	(5,071)	74,973
9. Total		<u>\$ 3,914,816</u>	<u>\$ (486,571)</u>	<u>\$ 3,428,245</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	7,392	(1)	7,391
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 7,392</u>	<u>\$ (1)</u>	<u>\$ 7,391</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	3,827,380	(481,499)	3,345,881
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	80,044	(5,071)	74,973
25. Total		<u>\$ 3,907,424</u>	<u>\$ (486,570)</u>	<u>\$ 3,420,854</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	130,207	0	130,207
28. Total		<u>\$ 130,207</u>	<u>\$ 0</u>	<u>\$ 130,207</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 1,967,777	\$ (247,356)	\$ 1,720,421
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	321	(19)	302
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	65,104	(0)	65,104
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	52,195	(3,304)	48,891
42. Total - FFP		<u>\$ 2,085,397</u>	<u>\$ (250,679)</u>	<u>\$ 1,834,718</u>
Contract Maximum		<u>\$</u>	<u>\$ 0</u>	<u>\$</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 2,085,397</u>	<u>\$ (250,679)</u>	<u>\$ 1,834,718</u>

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COMMUNITY COUNSELING CTR, INC				00440	37	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO COSTS</u>			
1	MH 1960	1	C	MENTAL HEALTH EXPENDITURES To adjust Mental Health Expenditures to agree with Provider's records.	\$ 5,175,708	\$ 8,544	\$ 5,184,252
2	MH 1960	4	C	OTHER ADJUSTMENTS To eliminate County costs (patient accounting, patient data and other) that were included in the provider's cost report that was submitted to the State Department of Mental Health. These costs will be included in the County cost report as administrative costs. Info Tech costs will remain in the provider's cost report.	\$ 504,857	\$ (354,771)	\$ 150,086
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs for allocation to reflect the effects of adjustments 1 and 2 reflected above.	\$ 5,680,565	\$ (346,227)	\$ 5,334,338
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COMMUNITY COUNSELING CTR, INC				00440	37	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u>			
	NH 1964	3	A	OTHER 24 HOUR SERVICES (05-65)	\$ 1,313,609	\$ 0	\$ 1,313,609 *
4	NH 1964	4	A	DAY SERVICES (MODE 10)	\$ 523,498	\$ (7,544)	\$ 515,954 *
5	NH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	\$ 3,053,407	\$ 89,147	\$ 3,142,554 *
6	NH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 272,262	\$ (31,780)	\$ 240,482 *
	NH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 159,739	\$ 0	\$ 159,739 *
7	NH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 358,050	\$ (41,279)	\$ 316,771 *
8	NH 1964	9	A	TOTAL	\$ <u>5,680,565</u>	\$ <u>8,544</u>	\$ <u>5,689,109</u> *
				To adjust costs at the mode level in conjunction with adjustment number 1.			
9	NH 1964	3	A	OTHER 24 HOUR SERVICES (05-65)	** \$ 1,313,609	\$ (84,547)	\$ 1,229,062 *
10	NH 1964	4	A	DAY SERVICES (MODE 10)	** \$ 515,954	\$ (36,423)	\$ 479,531 *
11	NH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	** \$ 3,142,554	\$ (233,801)	\$ 2,908,753 *
	NH 1964	6	A	OUTREACH SERVICES (MODE 45)	** \$ 240,482	\$ 0	\$ 240,482 *
	NH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 159,739	\$ 0	\$ 159,739 *
	NH 1964	8	A	SUPPORT SERVICES (MODE 60)	** \$ 316,771	\$ 0	\$ 316,771 *
12	NH 1964	9	A	TOTAL	** \$ <u>5,689,109</u>	\$ <u>(354,771)</u>	\$ <u>5,334,338</u> *
				To adjust costs at the mode level in conjunction with adjustment number 2.			
13	NH 1964	3	A	OTHER 24 HOUR SERVICES (05-65)	** \$ 1,229,062	\$ (286,433)	\$ 942,629
	NH 1964	4	A	DAY SERVICES (MODE 10)	** \$ 479,531	\$ 0	\$ 479,531
14	NH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	** \$ 2,908,753	\$ (15,567)	\$ 2,893,186
	NH 1964	6	A	OUTREACH SERVICES (MODE 45)	** \$ 240,482	\$ 0	\$ 240,482
	NH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 159,739	\$ 0	\$ 159,739
15	NH 1964	8	A	SUPPORT SERVICES (MODE 60)	** \$ 316,771	\$ 302,000	\$ 618,771
	NH 1964	9	A	TOTAL	** \$ <u>5,334,338</u>	\$ <u>0</u>	\$ <u>5,334,338</u>
				To reclassify room and board costs from Mode 05 and Mode 15 to Mode 60, in accordance with the SD/MC Manual for the Rehabilitation Option and Targeted Case Management, and CAC, Title 9, Section 1840.312.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COMMUNITY COUNSELING CTR, INC				00440	37	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u>			
16	NH 1966A	3	B	OUTPATIENT SERVICES (15-01)	\$ 229,382	\$ (53,147)	\$ 176,235
17	NH 1966A	3	C	OUTPATIENT SERVICES (15-10)	\$ 677,105	\$ (40,844)	\$ 636,261
18	NH 1966A	3	D	OUTPATIENT SERVICES (15-30)	\$ 233,134	\$ (4,065)	\$ 229,069
19	NH 1966A	3	E	OUTPATIENT SERVICES (15-40)	\$ 1,141,927	\$ (30,982)	\$ 1,110,945
20	NH 1966A	3	F	OUTPATIENT SERVICES (15-50)	\$ 699,942	\$ (62,032)	\$ 637,910
21	NH 1966A	3	G	OUTPATIENT SERVICES (15-70)	\$ 71,917	\$ 30,849	\$ 102,766
22	NH 1966A	Total	A	TOTAL	\$ <u>3,053,407</u>	\$ <u>(160,221)</u>	\$ <u>2,893,186</u>
				To adjust outpatient services costs to the service function level to reflect the effects of adjustments 1 and 2. The relative value method of allocation was utilized since the Provider was not in compliance with an acceptable method of allocation.			
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
23	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	327,344	1,485	328,829 *
24	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	766,042	(1,685)	764,357 *
25	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	386,748	316	387,064 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98%	228	0	228 *
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00%	82	0	82 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98%	10,814	0	10,814 *
26	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%	40,383	(961)	39,422 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated March 19, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the provider.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COMMUNITY COUNSELING CTR, INC				00440	37	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
27	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	328,829	1,386	330,215 *
28	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	764,357	24,174	788,531 *
29	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	387,064	(3,064)	384,000 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% **	228	0	228 *
30	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% **	82	(82)	0 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% **	10,814	0	10,814 *
31	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% **	39,422	4,739	44,161 *
				To adjust the SD/MC and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted detailed workpapers to the County which shows the details of this adjustment.			
32	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	330,215	(1,386)	328,829
33	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	788,531	(24,180)	764,351
34	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	384,000	2,804	386,804
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% **	228	0	228
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% **	0	0	0
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% **	10,814	0	10,814
35	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% **	44,161	(4,739)	39,422
				To adjust SD/MC units of service/time to incorporate the controls of the lower of DMH approved units vs. the county's records by SFC.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COMMUNITY COUNSELING CTR, INC				00440	37	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<p style="text-align: center;"><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u> <u>CONTRACT PROVIDERS</u></p>			
36	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 2,033,202	\$ (247,375)	\$ 1,785,827
37	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	52,195	(3,304)	48,891
				Total	<u>\$ 2,085,397</u>	<u>\$ (250,679)</u>	<u>\$ 1,834,718</u>
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to adjustments to costs and units of service/time.			
							</

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

County Code: 44

Legal Entity: SANTA CRUZ COMMUNITY COUNS		A	B	C
Legal Entity Number: 00440		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	3,933,236	1,251,016	5,184,252
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)	0	150,086	150,086
5	Total Costs Before Medi-Cal Adjustments	3,933,236	1,401,102	5,334,338
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5,334,338
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
	Research and Evaluation (County Only)			
17	Mode Costs (Direct Service and MAA)			5,334,338
18				
19	Total Costs - Lines 9 through 18			5,334,338

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY
 County Code: 44

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC		A
Legal Entity Number: 00440		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	5,334,338
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	942,629
4	Day Services (Mode 10)	479,531
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,893,186
6	Outreach Services (Mode 45)	240,482
7	Medi-Cal Administrative Activities (Mode 55)	159,739
8	Support Services (Mode 60)	618,771
9	Total - Lines 2 through 8	5,334,338

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

County Code: 44

CR

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC			A	B	C	D	E	F	G
Legal Entity Number: 00440			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)									
1	Allocation Percentage		100.00%	65					
2	Total Units			12,396					
3	Gross Cost		942,629	942,629					
4	Cost per Unit			76.04					
5	SMA per Unit			130.33					
6	Published Charge per Unit			143.02					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		2,813					
8A		10/01/02 - 06/30/03		8,278					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,305					
13	Medi-Cal Costs	07/01/02 - 09/30/02	213,909	213,909					
13A		10/01/02 - 06/30/03	629,484	629,484					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	366,618	366,618					
14A		10/01/02 - 06/30/03	1,078,872	1,078,872					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	402,315	402,315					
15A		10/01/02 - 06/30/03	1,183,920	1,183,920					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		99,236	99,236					

County: SANTA CRUZ COUNTY
County Code: 44

CR CR

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC			A	B	C	D	E	F	G
Legal Entity Number: 00440			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services				Function	Function	Function	Function	Function	Function
				85	95				
1	Allocation Percentage		100.00%	28.44%	71.56%				
2	Total Units			801	4,539				
3	Gross Cost		479,531	136,380	343,151				
4	Cost per Unit			170.26	75.60				
5	SMA per Unit			177.60	115.14				
6	Published Charge per Unit			194.91	126.36				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	400	1,040				
8A			10/01/02 - 06/30/03	395	1,908				
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02						
9A			10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02						
10A			10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			6	1,591				
13	Medi-Cal Costs		07/01/02 - 09/30/02	146,729	68,105	78,625			
13A			10/01/02 - 06/30/03	211,499	67,254	144,246			
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	190,786	71,040	119,746			
14A			10/01/02 - 06/30/03	289,839	70,152	219,687			
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	209,378	77,964	131,414			
15A			10/01/02 - 06/30/03	318,084	76,989	241,095			
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02						
17A			10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02						
18A			10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02						
19A			10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02						
21A			10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02						
22A			10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03						
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs			121,302	1,022	120,281			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: SANTA CRUZ COUNTY
County Code: 44

			CR	CR	CR	CR	CR	CR
Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC			A	B	C	D	E	F
Legal Entity Number: 00440				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	10	30	40	50
								70
1	Allocation Percentage		100.00%	6.09%	21.99%	7.92%	38.40%	22.05%
2	Total Units			152,678	428,283	155,270	752,068	427,881
3	Gross Cost		2,893,186	176,235	636,261	229,069	1,110,945	637,910
4	Cost per Unit			1.15	1.49	1.48	1.48	1.49
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit			1.94	2.50	2.50	2.50	2.50
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		34,174	74,202	32,240	111,396	63,591
8A		10/01/02 - 06/30/03		101,275	254,227	80,259	482,187	197,777
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				138		90
10A		10/01/02 - 06/30/03						82
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		151	1,955	1,044	3,561	3,881
11A		10/01/02 - 06/30/03			7,606	2,358	17,971	10,968
12	Non-Medi-Cal Units			17,078	90,293	39,231	136,953	151,492
13	Medi-Cal Costs	07/01/02 - 09/30/02	476,358	39,447	110,235	47,563	164,553	94,805
13A		10/01/02 - 06/30/03	1,674,833	116,901	377,682	118,406	712,280	294,858
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	732,744	60,488	169,181	73,507	253,983	144,987
14A		10/01/02 - 06/30/03	2,576,938	179,257	579,638	182,991	1,099,386	450,932
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	803,429	66,298	185,505	80,600	278,490	158,978
15A		10/01/02 - 06/30/03	2,825,534	196,474	635,568	200,648	1,205,468	494,443
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	338			204		134
21A		10/01/02 - 06/30/03	122					122
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	520			315		205
22A		10/01/02 - 06/30/03	187					187
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	570			345		225
23A		10/01/02 - 06/30/03	205					205
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	16,154	174	2,904	1,540	5,260	5,786
29A		10/01/02 - 06/30/03	58,819		11,300	3,479	26,547	16,352
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	24,830	267	4,457	2,380	8,119	8,849
30A		10/01/02 - 06/30/03	90,489		17,342	5,376	40,974	25,007
31	Healthy Families Published Charges	07/01/02 - 09/30/02	27,226	293	4,888	2,610	8,903	9,703
31A		10/01/02 - 06/30/03	99,199		19,015	5,895	44,928	27,420
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		666,563	19,713	134,140	57,877	202,305	225,853

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY
County Code: 44

CR

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC		A	B	C	D	E	F	G
Legal Entity Number: 00440		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		6,050					
3	Gross Cost	240,482	240,482					
4	Cost per Unit		39.75					
5	Non-Medi-Cal Units		6,050					
6	Non-Medi-Cal Costs	240,482	240,482					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

County Code: 44

MAA

MAA

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, IN		A	B	C	D	E	F	G
Legal Entity Number: 00440		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			11	31				
1	Allocation Percentage		100.00%	0.38%	99.62%			
2	Total Units		1,109	288,124				
3	Total Expenditures	159,739	612	159,127				
4	Cost per Unit		0.55	0.55				
5	Non-Medi-Cal Costs	29,532						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY
County Code: 44

CR

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, IN		A	B	C	D	E	F	G
Legal Entity Number: 00440		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		5,967					
3	Gross Cost	618,771	618,771					
4	Cost per Unit		103.70					
5	Non-Medi-Cal Units (Same as Line 2)		5,967					
6	Non-Medi-Cal Costs (Same as Line 3)	618,771	618,771					

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44			REIMBURSEMENT TYPE				PC	Costs			Costs			
Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC			A	B	C	D	E	F	G	H	I	J	K	
Legal Entity Number: 00440			Mode 55 S F's 11-19, 31-39				Total Inpatient Mode 05- Hospital	Mode 05-All Other		Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S F's 01-09		S F's 21-29	Total MAA								
1	Medi-Cal Costs	07/01/02 - 09/30/02						213,909	146,729	476,358	836,996		836,996	
1A		10/01/02 - 06/30/03						629,484	211,499	1,674,833	2,515,816		2,515,816	
2	Medi-Cal SMA	07/01/02 - 09/30/02						366,618	190,786	732,744	1,290,148		1,290,148	
2A		10/01/02 - 06/30/03						1,078,872	289,839	2,576,938	3,945,649		3,945,649	
3	Medi-Cal P. C.	07/01/02 - 09/30/02						402,315	209,378	803,429	1,415,123		1,415,123	
3A		10/01/02 - 06/30/03						1,183,920	318,084	2,825,534	4,327,538		4,327,538	
4	Medi-Cal N. R.	07/01/02 - 09/30/02												
4A		10/01/02 - 06/30/03												
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						213,909	146,729	476,358	836,996		836,996	
5A		10/01/02 - 06/30/03						629,484	211,499	1,674,833	2,515,816		2,515,816	
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02												
6A		10/01/02 - 06/30/03												
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02												
7A		10/01/02 - 06/30/03												
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02												
8A		10/01/02 - 06/30/03												
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02												
9A		10/01/02 - 06/30/03												
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02												
10A		10/01/02 - 06/30/03												
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02						213,909	146,729	476,358	836,996		836,996	
11A		10/01/02 - 06/30/03						629,484	211,499	1,674,833	2,515,816		2,515,816	
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								338	338		338	
12A		10/01/02 - 06/30/03								122	122		122	
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								520	520		520	
13A		10/01/02 - 06/30/03								187	187		187	
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								570	570		570	
14A		10/01/02 - 06/30/03								205	205		205	
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02												
15A		10/01/02 - 06/30/03												
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								338	338		338	
16A		10/01/02 - 06/30/03								122	122		122	
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03												
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03												
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03												
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03												
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						213,909	146,729	476,696	837,334		837,334	
21A	(Excludes Refugees)	10/01/02 - 06/30/03						629,484	211,499	1,674,955	2,515,938		2,515,938	
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03												
23	Healthy Families Cost	07/01/02 - 09/30/02								16,154	16,154		16,154	
23A		10/01/02 - 06/30/03								58,819	58,819		58,819	
24	Healthy Families SMA	07/01/02 - 09/30/02								24,830	24,830		24,830	
24A		10/01/02 - 06/30/03								90,469	90,469		90,469	
25	Healthy Families P. C.	07/01/02 - 09/30/02								27,226	27,226		27,226	
25A		10/01/02 - 06/30/03								99,199	99,199		99,199	
26	Healthy Families N. R.	07/01/02 - 09/30/02												
26A		10/01/02 - 06/30/03												
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								16,154	16,154		16,154	
27A		10/01/02 - 06/30/03								58,819	58,819		58,819	
Less: Patient and Other Payor Revenues														
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02						240		1,608	1,848		1,848	
28A		10/01/02 - 06/30/03						719		4,825	5,544		5,544	
29	Enhanced SD/MC (Children) Revenues													
30	Enhanced SD/MC (Refugees) Revenues													
31	Healthy Families Revenues													
32	Total Expenditures from MAA (Mode 55)			159,739		159,739								
33	Medi-Cal Eligibility Factor (Average)			81.51%										
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02		130,207		130,207		213,669	146,729	475,087	835,486		835,486	
35A		10/01/02 - 06/30/03						628,765	211,499	1,670,130	2,510,395		2,510,395	
36	Net Due - Enhanced SD/MC (Refugees)													
37	Net Due - Healthy Families	07/01/02 - 09/30/02								16,154	16,154		16,154	
37A		10/01/02 - 06/30/03								58,819	58,819		58,819	
Amount Negotiated Rates Exceed Costs														
38	SD/MC (Includes Children)	07/01/02 - 09/30/02												
38A		10/01/02 - 06/30/03												
39	Enhanced SD/MC (Refugees)													
40	Healthy Families	07/01/02 - 09/30/02												
40A		10/01/02 - 06/30/03												

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, INC

Legal Entity Number: 00440		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)	213,669	628,765	109,826	323,221		
3	10 - Day Services	146,729	211,499	75,419	108,535		
4	15 - Outpatient (Program 1)	474,749	1,670,008	244,021	859,398		
5	15 - Outpatient (Program 2)						
6	Totals	835,148	2,510,272	429,266	1,291,155		
7	Totals from MH1979	835,148	2,510,272	429,266	1,291,155		
8	Effective SD/MC FFP %					51.40%	51.43%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8				
Legal Entity: SANTA CRUZ COMMUNITY COUNSELING CTR, IN		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00440		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.43% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services										
16A											
17	Enhanced SD/MC Net Reimb. (Children)										
17A											
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										
24	Healthy Families Net Reimbursement										
24A											
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										